PETITIONER OR ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
TELEPHONE NO.: FAX NO. (Optional):  E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITION OF (Names of each petitioner):	
FOR CHANGE OF NAME	
PROOF OF SERVICE OF ORDER TO SHOW CAUSE	CASE NUMBER:
BY PERSONAL DELIVERY MAILING (OUTSIDE CALIFORNIA ONLY)	
1. At the time of mailing or personal delivery, I was at least 18 years of age and <b>not a party</b> to this proceeding.	
My residence or business address is (specify):	
2. My restructive of pusitiess address is (specify).	
3. I personally delivered or mailed a copy of the <i>Order to Show Cause for Change of Name</i> as follows <i>(complete either a or b)</i> :	
a. Personal delivery. I personally delivered a copy to the person served as follow	
(1) Name of person served:	
(2) Address where delivered:	
(3) Date delivered:	
(4) Time delivered:	
h Mail Long a regident of an ample and in the counts where the mail in the	
b. Mail. I am a resident of or employed in the county where the mailing occurred.	roon corved by first class mail, postage
(1) I enclosed a copy in an envelope and mailed the sealed envelope to the person served by first-class mail, postage prepaid, return receipt requested, to the address outside of California listed below.	
	DEIOW.
<ul><li>(2) The envelope was addressed and mailed as follows:</li><li>(a) Name of person served:</li></ul>	
(a) Name of person served: (b) Address on envelope:	
(b) Address on envelope.	
(c) Date of mailing:	
(d) Place of mailing (city and state):	
I declare under penalty of perjury under the laws of the State of California that the foregoing it	is true and correct.
Date:	
<b>\</b>	
(TYPE OR PRINT NAME OF DECLARANT)	(SIGNATURE OF DECLARANT)